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Penulis : Endah Tri Wahyuningtyas, Hidayatul Khusnah, M Harianto
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NPP: 20071300

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Website : lppm.unusa.ac.id

Email : lppm@unusa.ac.id

Hotline : 0838.5706.3867

Receivable Management at BPJS patient

by Endah Tri Wahyuningtyas

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The Analysis of Receivable Management of Outpatient and Inpatient towards Non BPJS Insurance Guarantee Patient at ABC Hospital

Endah Tri Wahyuningtyas¹⁾, Hidayatul Khusnah¹⁾, M Harianto¹⁾

¹⁾ Accounting Department, Nahdlatul Ulama University of Surabaya.

Email: harianto.asha@yahoo.co.id

Abstract: The management of account receivables is a key aspect in hospital management that needs special attention and professional handling due to the inherent potential problems of uncollectible receivables. Therefore an effective account receivable management becomes of utmost importance in the financial management of ABC hospital in order to achieve targets. The purpose of this research is to obtain solutions and propose a more effective account receivable management for the hospital's insurance non BPJS receivables to enable the achievement of financial targets. This research uses a qualitative approach with problem-solving orientation. To reach the objectives, the research was conducted by method triangulation using direct observations, as well as real data analyses. The results show that the target that is not achieved due to the lack of effective management of accounts receivable, so that the results of research findings of insurance payments are not in accordance with the cooperation agreement. At the end of this study it is advisable to complete all the required work procedures in accordance with the proposed researcher.

Keywords: Receivables Management, Cooperation Agreement, Policy and SOP.

1. Introduction

The hospital definition according to the Regulation of the Health Ministry of the Republic Indonesia Number 1204/Menkes/SK/X/2004 concerning Hospital Environmental Health Requirements, stated that A hospital is a health service facility, a gathering place for sick people and healthy people, or it can be a place for transmitting diseases and enabling environmental pollution and health problems. The hospital's endeavor to survive and thrive is to improve patient care (Ramadhan, 2017).

In order for health services in hospitals to run well, various resources are needed, including funding sources that will drive all operational activities in the hospital. Increasing operational costs in hospitals require professional financial management of all hospital components by making efficiency so that the use of resources can be utilized effectively in an effort to provide health services.

The best service is the main key in hospitals and health units in the era of globalization. Hospitals are required to provide health service and environment that meet the optimal service standards. Additional training in getting complete care service may give benefits to Physicians (Vincent et al, 2005).

Sources of funding for health organizations or hospitals usually come from service users, governments or funders. In health organizations or hospitals that are government-owned, the financing or capital comes from the government budget and community service users. Whereas for health organizations or hospitals that are privately owned, such as under the auspices of a foundation, cooperative or private property, the source of funding comes from the allocation of funds from foundations / owners / other donations and the community using services (Bastian, 2008).

A specific thing in the health industry that is a hospital is that the patient's receivables are the largest part of current assets. Therefore the management of accounts receivable with the guarantor is important in the operation of the hospital (Sani, 2001). Receivables have an important role in every business activity including hospitals. Receivables are postal assets that value can affect the liquidity of a company or hospital. In accounts receivable accounting, a statement of receivables is sent

periodically which is sent to the debtor so that the receivables obtained are converted into cash as settlement.

ABC Hospital is a company engaged in public health services. My reason to take the object of research at ABC Hospital because it is a private type B hospital and 80% of patients use insurance or company guarantees. With the increasing number of patients using insurance insurance user systems or companies, the hospital receivables also increase. According to the accounts receivable report obtained from 2015 to 2017, the balance of hospital receivables tends to increase.

Accounts receivable in 2017 amounted to Rp.95,799,732.82, an increase of 5% from the accounts receivable recap in 2016. In 2016, the accounts receivable amounted to Rp.90,799,337,682, an increase of 27% from the accounts receivable in 2015. Accounts receivable 2015 amounting to Rp.70,983,422,301. Acceptance for the sale of services to inpatient insurance guarantees is greater than outpatient insurance guarantees on receipt of sales of hospital services on credit. This can be seen through the following table 1:

Table 1. Receipt of Services Insurance Insurance ABC Hospital in 2015-2017

Year	Inpatient Guarantee	Outpatient Guarantee	Total Guarantee
2015	Rp 94.837926.610	Rp 67.837.926.610	Rp 161.962.009.781
2016	Rp 92.998.839.461	Rp 44.446.237.519	Rp 137.445.112.980
2017	Rp 72.832.883.112	Rp 31.130.561.874	Rp 103.963.444.986

In addition, according to data analysis of financial unit billing reports, the length of the process of payment of accounts receivable that has been made billing or delivery to insurance companies is more than 30 (thirty) days. This is not in accordance with the cooperation agreement with the insurance company, not later than 30 (thirty) working days after the billing file is received by the insurance company.

Based on the initial observations of increasing accounts receivable from year to year due to many people who seek treatment at the hospital using insurance guarantees do not use their own costs. So that the impact of receivables increases causing receivables management to be better, effective and efficient. Analysis of interviews with inpatient and outpatient billing unit employees that billing receivables (claims) to the company or insurance has also experienced delays and the patient's receivables billed to the insurance company are paid not in accordance with the amount billed.

This is related to the bureaucracy owned by third parties in the process of verifying claims for services that occur. Repayment of accounts receivable that occurred a lot experienced late payments that are not in accordance with the MoU or agreement with the hospital. If all of the above are not followed up appropriately and quickly, it can result in slowing down the cash flow of the hospital's finances. While doctors and other medical personnel demand payment of their services on time.

The obstacle theory recognizes that the performance of each hospital is limited by its constraints. If you want to improve its performance, a hospital must identify the constraints faced, exploit existing constraints in the short and long term, then choose the best way to overcome them. While according to Gunadi (2004) constraints are all things in the company that limit it to achieve its goals.

Referring to the theory, the source of internal obstacles in ABC Hospital is Human Resources, Wisdom, Standard Operational Procedures and hospital infrastructure. Whereas external constraints are in the form of fluctuations in patients who are guaranteed hospitalization, bureaucracy and verification processes that are owned by partner insurance companies. From the point of view of hospital management, internal factors are first controlled or improved. In addition, internal factors contribute greatly to improving the management of accounts receivable.

Based on the explanation above, the author will describe the management of outpatient accounts receivable and inpatient care for non-BPJS insurance guarantees. This research is expected to be beneficial for the management of ABC Hospital as an evaluation in determining further corrective and

planning steps regarding the implementation of management and future performance improvements so that policies and targets set by ABC hospital can be achieved.

2. Research Methodology

The type of research used is qualitative research with a system approach oriented to problem solving . Research uses three methods of data collection, namely: direct observation, observation and document review. This research was carried out in the financial section of the hospital and several other parts related to the collection and repayment process of accounts receivable. The data sources in this study were reports on agency and insurance receivables for the period 2015 - 2017. Secondary data was obtained through document review on accounts receivable matters. in the form of standard operating procedures and accounts receivable policies, cooperation agreements with agencies and insurance, bills, monthly non-BPJS insurance accounts receivable and executive accounts receivable.

3. Result and Discussion

The results obtained from observations, interview¹ and document review were then processed and analyzed so as to produce an analysis description to answer the research questions in the formulation of the problem.

3.1 Human Resources

The number of Human Resources directly involved in managing insurance receivables is 6 employees. The division of working hours in the reception section consists of three morning shifts which consist of morning shifts 07.00-14.00, afternoon 14.00-21.00 and evening 21.00 -07.00. Distribution of working hours in the staff section of accounts receivable (inpatient billing, outpatient verification, collection and repayment of accounts receivable) has 1 shift consisting of, morning 08.00-16.00. But the accounts receivable staff are always ready to be called if information is needed about patient insurance by the patient's pre-acceptance insurance guarantee. In reality, verification, collection and closing accounts receivable officers do not have shifts and all enter in the morning.

Formal education on staff accounts receivable is S1, there is no specific specification of formal education for each stage of accounts receivable. There was no special training received by all officers at each stage of the accounts receivable at ABC hospital Surabaya. Based on observations, there is only information that is conveyed by the cooperation party if there is a notification regarding the terms and conditions of the insurance insurance patient.

The management of accounts receivable is carried out not yet referring to the standard, because indeed in the observation no standard operating procedures were found for the management of recognition of accounts receivable and collection of receivables. The results of field observations show that the pre-acceptance and direct acceptance stages are carried out in the Admission section and the patient goes to the outpatient verification section. The task load carried out by outpatient verification officers is quite heavy, especially when cases occur, the verification section detects patients not guaranteed by insurance even though the patient has been received by the pre-acceptance party.

The outpatient billing arrangement process is carried out every day based on the cost of the services provided to patients insurance coverage. Inpatient billing arrangement officers are carried out by billing staff both insurance insurance patients and non insurance insurance patients. Verification is carried out by the financial staff (billing) on the rates that have been charged, the expiration of the participant card, the terms of each insurance, claim form, supporting results and the final guarantee letter. Verification cannot be done immediately because it is delayed by other workloads. Outpatient and inpatient patients every day must be there and always increase, especially related to the claims file that is done and verified also always increases.

The solution should be sought by patients entering inpatient care and outpatient care must complete the requirements for completing the billing claim so that the entry file in the verification section can be directly submitted to the billing section.

The collection officer also has a fairly heavy workload, not only in charge of collecting inpatient and outpatient receivables but also ensuring the completeness of the documents so that they can be sent to the insurance company. If the complete file is missing, the billing claim cannot be sent to the

insurance because it has an impact on the verification process on the insurance side which can cause the billing file to be returned by the insurer.

The solution is that the billing officer must better understand the requirements of the insurance claim before the claim file is sent to insurance. Officers also have to more thoroughly check the completeness of the billing file because the completeness requirements of each insurance are different. This is done so that the claim payment process is not delayed.

Based on the results of the above observations, there must be a thorough process of completing the data in patient insurance receipts, starting from the stages of admission to entry files in the collection section so that the process of sending claims to insurance claims runs smoothly.

The results of observations on the process of repaying the accounts receivable are difficult if there is an incoming payment that does not include the name of the insurance in the checking account and also often has difficulty recapping the details of incoming payments from insurance to reduce the insurance receivables on the accounts receivable record.

3.2 Policy and Standard Operating Procedures

In observations not found policies and Standard Operations Procedures written from all stages of accounts receivable starting from the receipt of patient guarantees, arrangement of accounts / billing, verification of claims, collection of accounts receivable and repayment of accounts receivable.

Operational Standards Procedures that are used as guidelines to support the stages of accounts receivable have not been completely perfect until now. The implementation at each stage of the accounts receivable is carried out based on a pattern that has existed for a long time, has not been implemented based on the application of policies and Standard Operating Procedures. Monitoring and evaluation of the implementation of policies and Operational Standards Procedures have not yet been completely perfect. The absence of policies and Standard Operations Procedures and their socialization has made confusion in the field regarding the limitations of their respective duties. This can be seen in the observation process carried out by researchers in the process that has not been fully referring to policies and Standard Operations Procedures. Standard Operations Procedures and Policies need to be immediately established and socialized at every stage of the management of accounts receivable. These Standard Operations Procedures and Policies that have been determined in writing can be used as a basis for guidelines and correct implementation guidelines for implementing staff. Standard Operations Procedures and policies that have been established and written can be used as material for evaluating work performance in managing receivables.

Determination of policies and Standard Operations Procedures must contain the stages of billing, for example, the insurance policy due date, billing implementation instructions, instructions for sending billing files which contain policies, processes, targets or provisions and related units, such as provisions requiring delivery at the latest 5 (five) days, not only in oral form which is difficult to be accounted for. Likewise, hospitals must make policies and Standard Operations Procedures regarding admissions for inpatients and outpatients, charging fees, processing billing, verification and repayment of receivables.

In addition to being a guideline and reference, the Standard Operations Procedures also stipulates that it should also be used as an assessment material when the hospital conducts accreditation. The unavailability of written Standard Operations Procedures and implementation that is not in accordance with the Standard Operations Procedures will reduce the assessment of the hospital. An important role in hospital management is also obtained from the relationship between nurses, patients and staff who are always maintained (Pery and Malkin, 2011).

3.3 Cooperation Agreement

The cooperation agreement is contained in the Cooperation Agreement according to the standard format owned by the ABC Hospital, where the Cooperation Agreement contains agreements relating to collection and repayment policies.

Repayment of bills is still too late to be carried out by several insurers and companies, not in accordance with the agreement on the cooperation agreement even though the accounts receivable officer of the ABC Hospital in Surabaya has carried out repeated follow-ups via telephone, e-mail, directly visited. the insurance company and the company are still not disciplined in fulfilling the

payment agreement under the contract even though they have been given a discount by ABC hospital Surabaya.

Based on observations there is a mechanism for giving discounts that have been carried out by the management of ABC Hospital in Surabaya so far, it needs to be reviewed, because the giving of discounts does not have an impact on the timeliness of payments by third parties. Provision of discounts to insurance and companies should not be given automatically on every bill sent but first seen the performance of payments by insurance.

Another obstacle to the problem of implementing a cooperation agreement is the verification of bills that are still carried out by the insurance company and the company exceeds the period of 7 days and the discipline of the insurance company in fulfilling its obligation to provide payment details per patient as stated in the cooperation agreement.

The evaluation of insurance and company performance has not been carried out optimally at ABC hospital Surabaya, both in terms of obligations that should be fulfilled by insurance in accordance with the Cooperation Agreement and evaluation for the number of patient shipments to ABC Hospital in Surabaya.

3.4 Accounts Receivable Information System

Management information systems used in service units include billing, medical support, medical or medical, pharmaceutical and logistic record maintenance. Whereas, the Financial Module system is used in the accounting process in this research, namely billing, repayment and reporting. In the use of management information systems there are still frequent obstacles to patient billing where party verification of billing files must be more thorough in verifying files before entering the billing section for the file submitted to insurance. For example, in the process there are errors in the system, many system vehospitalons and changes in the bill nominal. While in the process of making billing some names of insurance are not in accordance with what is desired by the insurance party that can hinder the payment process by the insurance.

Effective management of accounts receivable in ABC Hospital requires reports that can be issued by the information system in lieu of manual reports made now for time efficiency, including reports on accounts receivable and aging of accounts receivable each month and making automatic exit bills from information systems by calling numbers patient registration and several patients can be selected in one bill. the system also produces reports for insurance insurance patients who have not been selected for billing letters. As stated by Zelman (2003) that reliable information system support in producing effective and efficient accounts receivable management is vital and very useful in achieving targets.

3.5 Facilities and Infrastructure

There were obstacles in the fax machine and place facilities in the process of receiving and structuring accounts. In an effort to maintain the smooth running of the process there needs to be good repair and maintenance on the fax machine and the procurement of internet networks to facilitate the confirmation process with the insurance and follow-up in improving the work environment in the process of receiving and structuring accounts. As well as constraints on the availability of treating physicians and physicians in filling out patient claim forms and medical resumes. This is related to the variety of administration from the insurance side and the model form of each insurance and is limited to the time, the busyness of the treating doctor to fill out the claim form and medical resume. In this case, it is deemed necessary to review the policy and delegate authority in filling out the claim form and the medical receipt of the patient who is guaranteed insurance inpatient care.

The results of observations in the recording of repayment of accounts receivable still often find a checking account which does not include the name of insurance in the payment, making it difficult for the repayment unit to record the report on repayment of the accounts And also many insurance parties that pay accounts receivable are not based on invoices submitted by the hospital.

3.6 The Duration of The Receivables Bill

Through a review of secondary data from the billing report in the Islamic ABC hospital collection unit in December 2017, the average length of the bill is obtained until the documents sent to partners in December 2015 reach 12 (twelve) days. December 2016 reached 11 (eleven) days, while December

2017 reached 8 (eight) days. Based on data from file samples for bill submission in December 2015 - 2017. This condition shows that the billing process can be said to have been good. There has been a development of the period of billing claims for insurance claims from year to year. The file samples claim inpatients and outpatient insurance coverage will be presented in table 2.

Table 2. The File samples claim inpatients and outpatient insurance coverage

No. Registration	Enter date	Exit date	Shipping	Delivery time	Payment	Payment period
152481	27-Nov-15	02-Des-15	14-Des-15	12 Hari	15-Jan-16	32 Hari
210351	30-Nov-15	03-Des-15	14-Des-15	11 Hari	12-Jan-16	29 Hari
210320	29-Nov-15	02-Des-15	14-Des-15	12 Hari	29-Des-15	15 Hari
069682	04-Des-15	06-Des-15	14-Des-15	8 Hari	05-Jan-16	22 Hari
143840	02-Des-15	04-Des-15	14-Des-15	10 Hari	12-Jan-16	29 Hari
210377	01-Des-15	04-Des-15	14-Des-15	10 Hari	20-Jan-18	37 Hari
255493	19-Des-16	21-Des-16	30-Des-16	5 Hari	13-Jan-17	14 Hari
097807	17-Des-16	22-Des-16	30-Des-16	6 Hari	06-Feb-17	38 Hari
254187	18-Des-16	20-Des-16	30-Des-16	8 Hari	10-Jan-17	11 Hari
254558	15-Des-16	23-Des-16	30-Des-16	8 Hari	30-Jan-17	31 Hari
255679	18-Des-16	19-Des-16	30-Des-16	11 Hari	03-Feb-17	35 Hari
091854	18-Des-16	21-Des-16	30-Des-16	9 Hari	17-Jan-17	18 Hari
195517	05-Des-17	08-Des-17	13-Des-17	5 Hari	08-Jan-18	26 Hari
271051	05-Des-17	07-Des-17	13-Des-17	6 Hari	27-Des-17	13 Hari
088375	02-Des-17	05-Des-17	13-Des-17	8 Hari	15-Jan-18	33 Hari
290237	03-Des-17	05-Des-17	13-Des-17	8 Hari	12-Jan-18	30 Hari
279577	01-Des-17	05-Des-17	13-Des-17	8 Hari	24-Jan-18	42 Hari
290478	05-Des-17	10-Des-17	13-Des-17	3 Hari	03-Jan-18	21 Hari

Medical Resume file collection that still cannot fulfill the procedure 2 days after the patient is taken care of because the existing obstacle cannot be resolved by the management of ABC Hospital. There are still doctors who do not carry out the procedure for filling out a medical resume so that it is more than 1 week late, the management role in fulfilling the procedure that a medical resume must be available when the patient is returned or an outpatient patient is not optimal, the billing department requires maximum assistance and support from management so that medical resumes can be available on time.

In addition, management needs to provide an explanation to the doctors the impact of the delay in filling out medical resumes for billing and the performance of paying off insurance receivables and companies at ABC Hospital in Surabaya. This explanation can be submitted in seminars or in the form of articles in the Hospital magazine which are published quarterly. In terms of doctors' discipline in filling out Medical resumes management must be more assertive and courageous to impose sanctions on doctors who are late in filling out medical resumes so that policies that have been issued can be implemented and can support the achievement of target receivables. until medical resume filling is done.

Another obstacle to collecting bills is the lack of coordination with other parts of the hospital. Laboratory and radiological medical support sections. There is no effective procedure or flow in the medical support section regarding copies of laboratory and radiological results for the collection of receivables. This is because the file collection process for billing is not optimal. But in 2017 the financial parties request for medical support results to be printed by the accounts receivable to facilitate the completeness of the billing file.

In order for the billing dispatch procedure to run smoothly after the outpatient patient can be fulfilled, it is necessary to make a file collection flow for each effective support section as follows: supporting results are printed by supporting parts on duplicate paper (sheet 1 for patients, sheet 2 for finance) so that the supporting part no longer needs to reprint the supporting results needed for billing. When printing the results, the supporting section looks at whether it is in the category of personal patients or guarantees, if the patient is the second sheet for supporting parts archives (if at any time the patient is needed missing), if the patient is guaranteed then the 2nd sheet of supporting results is separated at a special guarantee tray that will be taken by the accounts receivable staff every day. So that the copy of the supporting results needed for collection can be obtained on time, without having to be asked specifically and waiting several days.

According to Clarkin (1989) concern, cooperation and coordination between related parts in the billing process must be carried out optimally, this still needs to be improved at the ABC Hospital in Surabaya. Besides that, one of the things that becomes the fundamental goal of the management of accounts receivable is to minimize the time period needed to carry out the collection process, so that the above constraints that cause the length of time in the billing process at ABC Hospital, Surabaya, must be resolved. effective receivables (Nowicki, 2007).

Other obstacles related to the follow-up of billing are obstacles to being able to visit and meet with officials in insurance who have accounts receivable with ages above 45 days. With workload and time constraints, follow-up to come to problem insurance cannot be implemented according to existing needs, so the results are not optimal.

The duration of collection of accounts receivable from inpatient insurance for ABC Hospital in 2015 - 2017 shows the results of internal conditions in the management of accounts receivable in the hospital. The duration of collection of accounts receivable shows the existence of constraints or limitations in the internal hospital, especially in the management of accounts receivable inpatient insurance insurance ABC Hospital Surabaya.

3.7 Percentage of Collectible Receivables

The percentage of collectible receivables is obtained by comparing the amount of payments with the amount of receivables. The results of the secondary data analysis obtained from the ABC Hospital Receivable Accounting report, the percentage of collectible receivables from ABC Hospital insurance insurance that can be collected within 30 days by 36% in 2015. In 2016 by 43% and in 2017 also 43%. Based on billing data in December 2017. The Percentage of Collectible Receivables 30 days will be presented in table 3.

Year	Amount of Receivables	Payment (0-30 days)	Percentage
2015	Rp.1.570.912.971	Rp. 564.016.636	36 %
2016	Rp.1.956.577.320	Rp. 839.354.923	43 %
2017	Rp.1.642.477.736	Rp. 712.059.929	43 %

The average day of payment from the insurance is 42 days from the bill sent until the date the bill is paid. In December 2016 the average payment day from the insurance is 38 days from the bill sent until the date the bill is paid. In December 2015 the average day of payment from the insurer is 37 days

from the bill sent until the date the bill is paid. This finding is not in accordance with the contents of the hospital cooperation agreement with insurance where they are committed to making payments no later than 30 (thirty) working days after the claim document is received.

Problems in the field related to the problem of account closure or the percentage of collectible receivables include not yet disciplined insurance in providing payment details for each patient each time they make a payment. Difficulties arise especially if payment is not made according to the number of bills, so which payment is not known to the patient. At the end of the month, the repayment section staff will make a report on the patient's insurance / company guarantee accounts for the month, then the balance of the receivables at the end of the month will be matched with the data contained in the receivable card. Reports that must be made by the debt repayment section are still made manually using the excel program, cannot be handled by the hospital information system.

Reports of accounts receivable made manually require time that is sufficient to confiscate the officer and cause information about the condition of the receivables to be monitored too late and known by management. Current accounts receivable are incomplete and have not been able to provide information needed for supervision and control of receivables. The accounts receivable made every month need to be refined by adding information for the delivery period, credit period, due date and delay. Ensuring that service quality is directly proportional to the financial performance of hospitals (Adil et.al., 2016).

According to Gapenski (2006), inherent supervision must be done to ensure that procedures have been implemented in achieving the target, so that corrective actions can be taken as soon as possible, this has not been done optimally by ABC Hospital in Surabaya. Thus it is necessary to make reports that can support supervision in conducting effective debt management at the ABC Hospital in Surabaya.

4. Conclusion

From the results of research and discussion on the analysis of inpatient and outpatient management of patient insurance insurance ABC Hospital 2015-2017, the following conclusions can be drawn. Firstly, the percentage of collectible receivables from ABC Surabaya Hospital that can be collected in 30 days by 36% in 2015. For 2016, 43% and 43% also in 2017. Based on billing data in December 2017, the average day of payment from the insurer is 42 days. In 2016 it reached 38 days and in 2015 it reached 37 days from bills sent until the date the bill was paid. This finding is not in accordance with the contents of the hospital cooperation agreement with insurance.

Secondly, In the smooth process of managing patient receivables starting from the stage of acceptance, charging, insurance (billing), verification, billing and repayment of accounts receivable guaranteed inpatient and outpatient ABC hospital during 2015 s / d 2017 has several internal constraints namely limited resources human power directly involved in the process of managing receivables in both quantity and quality. The limited number makes the task burden received by the involved officers quite large and influences the smooth process of accounts receivable.

In addition to the above problems, there is no specific specification in the hospital's educational background. There is no specific training in maintaining and developing the skills, understanding and knowledge of implementing staff. The absence of policies and operational standards that are available in writing have become guidelines for officers for management

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